

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |              |          |   |   |    |   |   |   |   |
|---|-----------------------------------|---|--------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>0/28/00</u>                     |                                   | 2 Serial/Patent # <u>09/594152</u>  |              |          |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED | 6 AMOUNT |   |   |    |   |   |   |   |
| ✓   | Filing                            |   |              | \$ 18    |   |   |    |   |   |   |   |
|   | Amendment                         |   |              | \$       |   |   |    |   |   |   |   |
|   | Extension of Time                 |   |              | \$       |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |   |              | \$       |   |   |    |   |   |   |   |
|   | Petition                          |   |              | \$       |   |   |    |   |   |   |   |
|   | Issue                             |   |              | \$       |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |   |              | \$       |   |   |    |   |   |   |   |
|   | Maintenance                       |   |              | \$       |   |   |    |   |   |   |   |
|   | Assignment                        |   |              | \$       |   |   |    |   |   |   |   |
|   | Other                             |   |              | \$       |   |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |              | \$ 18    |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:  |              |          |   |   |    |   |   |   |   |
| ✓   | Overpayment                       | Treasury Check  |              |          |   |   |    |   |   |   |   |
|   | Duplicate Payment                 | Credit Deposit A/C #:   |              |          |   |   |    |   |   |   |   |
|   | No Fee Due (Explanation):         | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table> |              |          | 1 | 8 | -- | 0 | 3 | 5 | 0 |
| 1   | 8                                 | --  | 0            | 3        | 5 | 0 |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |              |          |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>K. Nelson</u>                  |                                   | TITLE: <u>LIE</u>   |              |          |   |   |    |   |   |   |   |
| SIGNATURE: <u>K. Nelson</u>                           |                                   | PHONE: <u>308-9485</u>  |              |          |   |   |    |   |   |   |   |
| OFFICE: <u>T-4</u>                                    |                                   |   |              |          |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |              |          |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>06/01/00</u>   |              |          |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*